



# VFC Tally Sheet

for FQHC/RHC Providers (optional use)

Provider or Clinic Name:														Quarter / Year:													
Age	(Check <b>one</b> only) VFC Eligibility Status				DTaP	DT	Td	Tdap	DTaP / Hep B / IPV	DTaP / HIB	HIB	IPV	MCV4	MMR	Hep B Ped	Hep B Adult	Hep B / HIB	Hep A Ped	Hep A Adult	Varicella	MMRV	PCV7	PPV23	Flu	RTV	HPV	
	American Indian/ Alaskan Native.	Medicaid	Non-Insured	Under-Insured																							
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### **Instructions for Completing the *Optional VFC* Tally Sheet**

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the clinic name and the quarter/year of this information.
- Place a check mark in the appropriate age and eligibility column.  
(One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child at the visit/encounter.
- Total all columns (Eligibility Status and Vaccines)
- Transfer the Totals to the *Quarterly Doses Administered Report*.

**Tally Sheets are for provider's use only.**

**Do NOT return to the Utah VFC Program.**